

FIRE REPORT

All incidents of fire in a nursing home, facility for the developmentally disabled (FDD), community based residential facility (CBRF), hospital or adult family home must be reported to the Department within 72 hours per HFS 132.82(6)(e), HFS 134.82(4)(e), HFS 83.19(3)(a), HFS 124.36(11), HFS 88.05(4)(e), and s.50.035(4), Stats. Information about the fire may be reported by completing and submitting this form; however, it is not mandatory that you use this form. Include sketches, photographs, reports or statements, if available. Questions about completion of this form may be directed to the Fire Authority at 608-261-5993. Mail the form and attachments to:

FIRE AUTHORITY
Office of Quality Assurance
Provider Regulation and Quality Improvement Section
PO Box 2969
Madison WI 53701-2969

OR FAX TO:
608-267-7119

Name of Facility	License / Provider Number	
Address	Date of Fire	
City	Time of Fire	<input type="checkbox"/> PM <input type="checkbox"/> AM

TYPE OF PROVIDER ☐ Nursing Home ☐ FDD ☐ CBRF ☐ Hospital ☐ Adult Family Home

Type of fire (Provide narrative description—use the back of this form to provide additional information)

Location of fire in the facility

Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL NO. INJURED	NO. OF RESIDENTS	NO. OF STAFF	NO. OF OTHERS
Residents were evacuated from:	<input type="checkbox"/> Room	<input type="checkbox"/> Floor	<input type="checkbox"/> Wing	<input type="checkbox"/> Building
Residents were, or are, relocated to other facilities or locations	<input type="checkbox"/> Yes <input type="checkbox"/> No			
The fire alarm system was activated <input type="checkbox"/> Yes <input type="checkbox"/> No	METHOD OF ACTIVATION <input type="checkbox"/> Manual Pull Station <input type="checkbox"/> Heat Detector <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Sprinkler System			
Number of sprinkler heads activated	A follow-up call was made to the fire department <input type="checkbox"/> Yes <input type="checkbox"/> No			
The fire department responded <input type="checkbox"/> Yes <input type="checkbox"/> No	The fire was extinguished by <input type="checkbox"/> Staff <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Others			
Method of fire extinguishment				

Is the fire alarm system restored to normal working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated cost of repairs \$
Is the sprinkler system restored to normal operation condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Title of Person Completing This Report	Telephone Number
SIGNATURE - Person Completing This Report	Date Report Completed